

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm #	1336
Logged In	
Scanned	
Computer	WRS
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)Amanda Ragan for Iowa Senate**IMPORTANT:** Indicate type of committee you are reporting for: ☒

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Amanda Ragan

Political Party

Democrat

Office Sought

Senate

District (if Senate or House)

7

JAN 12 2004

PM 1-9

1/8/04

1/10/03

SIGNATURE OF TREASURER (or person filing this report)

Amanda Ragan

TELEPHONE

641-424-6874

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A _____ REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date)Indicate one ☐☒ CHECK IF AMENDMENT TO REPORT DATED 1/21/03dated 1/20/03

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)
STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 2858.43**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1223.58 ^{change} 1323.58

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

4082.01 ^{SB} 4182.01**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2936.26

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 1145.75 ^{SB} 1245.75****UNPAID BILLS** (From Schedule D - Attach Schedule D)***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)
☐ YES ☐ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Amanda Ragan for Iowa Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
1/27/02	ID# CK#	Deanne Audrey Huff 1268 6th SE Mason City IA 50401		\$ 25.00	
12/19/02	ID# 6291 CK# 2058	Iowa Palliative Medical Society 525 South Des Moines IA		100.00	
12/25/02	ID# CK#	Unitemized contributions	error in reporting	150.00	
12/31/02	ID# CK#	earned Dividends not reported North Iowa Credit Union P.O. Box 1216 Mason City IA 50401		63.58	
12/1/02	ID# CK#	Jim & Julie Starch 4712 Westwood Dr West Des Moines IA 50265		100.00	
12/1/02	ID# CK#	Michael Maith 1081 Kothill Rudd, IA 50471		25.00	
9/16/02	ID# 6323 CK# 2687	Master Builders 221 Park P.O. Box 695 Des Moines IA 50303		250.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 463.58 SB 563.58

TOTAL (if last page of this schedule)

\$ 1223.58 SB 1323.58

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1336
Logged In	
Scanned	
Computer	WRS
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Amanda Ragan for Iowa Senate

IMPORTANT: Indicate type of committee you are reporting for: ☒ 1

1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name: Amanda Ragan Political Party: Democrat
 Office Sought: Senate District (if Senate or House): 7

Amanda Ragan 641-424-6874 pm 11-10 NOV 12 2003 11/10/03
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
 (report date)

Indicate one ☐

☒ CHECK IF AMENDMENT TO REPORT DATED 11/21/03

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

See amended report

Local Committees, enter Date of Election _____
 County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 2858.43

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1223.58

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 4082.01

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 2936.26

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 1145.75

****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)\$

Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/27/02	ID# CK#	Arnell Huchey Hupp 1704 G St SE MASON CITY IA 50401		\$25.00	<input type="checkbox"/>
12/19/02	ID# 6291 CK# 2058	Iowa Pediatric Medical Society 525 SW 5th St Des Moines		100.00	<input type="checkbox"/>
12/23/02	ID# CK#	Donna J. Huchey Hupp 1704 G St SE MASON CITY IA 50401		25.00	<input type="checkbox"/>
12/28/02	ID# CK#	Unitemized Contribution		150.00	<input type="checkbox"/>
12/31/02	ID# CK#	EARNED INC. North Iowa Children's NOT REPORTED P.O. Box 1216 MASON CITY, IA 50401		63.58	<input type="checkbox"/>
12/1/02	ID# CK#	Tim & Julie Stauch 4712 Westwood Dr, West Des Moines, IA 50265		100.00	<input type="checkbox"/>
12/1/02	ID# CK#	Michael Mauch 1086 Foothill Redd IA 50471		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$275 463.58
\$1035 1223.58

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Amanda Ragan for Iowa Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/23/02	ID# CK# 155	Postmaster	stamps	\$ 79.70
6/22/02	ID# CK# 164	Carter Printing	envelopes	32.86
8/29/02	ID# CK# 169	Tractor Supply	stakes/posts for yard signs	113.57
9/12/02	ID# CK# 177	Postmaster	mailing for campaign	690.00
9/17/02	ID# CK# 176	Memards	plywood for yard signs	51.15
10/4/02	ID# CK# 174	Postmaster	mailing for campaign	690.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1657.28
TOTAL (if last page of this schedule)				\$ 2936.26

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 01/2003)	DISCLOSURE REPORT
For Office Use Only 1336	
Comm. # _____	
Indexed _____	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)Amenda Ragan for Texas Senate**IMPORTANT:** Indicate type of committee you are reporting for: ☒ 1

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Amenda Ragan

Political Party

Democrat

Office Sought

2000 Senate

District (if Senate or House)

17Richard A. Lince

SIGNATURE OF TREASURER (or person filing this report)

641-422-9169
TELEPHONE

FILED
JAN 22 2003
pm 1-21
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A Jan 21, 2003 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 9085.50**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1035.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)SUB-TOTAL\$ 10120.50**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

8342.44

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 1778.06****UNPAID BILLS** (From Schedule D - Attach Schedule D)***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☐ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ _____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Amanda Reagan for Iowa Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/5/02	ID# CK# <i>CHSH</i>	<i>Barb Yankney</i> <i>6500 McCall</i> <i>Mason City IA 50401</i>		\$ <i>20.00</i>	<input type="checkbox"/>
11/5/02	ID# <i>6477</i> CK# <i>1021</i>	<i>RDH PAC</i> <i>15 Charleston Square</i> <i>Mason City IA 50401</i>		<i>100.00</i>	<input type="checkbox"/>
11/5/02	ID# CK#	<i>Dr. John Hartung</i> <i>1011 Scott Kelton</i> <i>Indianola IA 50125</i>		<i>50.00</i>	<input type="checkbox"/>
11/5/02	ID# <i>6488</i> CK# <i>1095</i>	<i>Iowa Providers PAC</i> <i>7025 Hickman</i> <i>Urbandale, IA 50322</i>		<i>100.00</i>	<input type="checkbox"/>
11/5/02	ID# CK#	<i>Darrell & Joyce Mohr</i> <i>1517 Southfield PL</i> <i>Clear Lake IA 50428</i>		<i>35.00</i>	<input type="checkbox"/>
11/5/02	ID# CK#	<i>Ed & Estelle Cabel</i> <i>232 5th NW</i> <i>MASON CITY IA 50401</i>		<i>100.00</i>	<input type="checkbox"/>
11/5/02	ID# CK#	<i>Darwin Holland</i> <i>Box 1895</i> <i>Mason City, IA 50401</i>		<i>25.00</i>	<input type="checkbox"/>
11/5/02	ID# <i>6400</i> CK# <i>224</i>	<i>Tower Hospitality Association</i> <i>3500 Maple Hwy Rd, Suite 606</i> <i>Des Moines, IA 50310</i>		<i>200.00</i>	<input type="checkbox"/>
11/5/02	ID# CK#	<i>Kenneth Converse</i> <i>210 W 4th St</i> <i>Storm Lake IA 50588</i>		<i>75.00</i>	<input type="checkbox"/>
11/5/02	ID# CK#	<i>Don & Bobbie Benjes</i> <i>40 Ridge Rd. NE</i> <i>Mason City IA 50401</i>		<i>55.00</i>	<input type="checkbox"/>
SUB-TOTAL				\$ <i>760</i>	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/27/02	ID# CK#	Diane's Academy Hlth 1204 G St SE MASON CITY IA 50401		\$ 25.00	<input type="checkbox"/>
12/19/02	ID# 6291 CK# 2054	Iowa Pediatric Medical Society 525 SW 5th St Des Moines		100.00	<input type="checkbox"/>
12/23/02	ID# CK#	United Methodist Church		150.00	<input type="checkbox"/>
12/28/02	ID# CK#	Unitimzed Contrabution		150.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 275	
TOTAL (if last page of this schedule)				\$ 1035	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Amador Ragon for Iowa Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/23/02	ID# CK# 184	Mediacom Hwy 122 W Mason City IA 50401	Repair broken cable	\$135.38
10/23/02	ID# CK#	Jim Ragon 206 Granite Ct. MASON CITY IA 50401	News paper Advertisement	229.78
10/25/02	ID# CK#	Senate Tomantford 5661 River Dr. Des Moines IA 50326	Contribution	3,500
10/28/02	ID# CK#	KLSS Radio 402 19th St SW Mason City IA 50401	Radio Advertisement	700.00
10/28/02	ID# CK#	Clear Radio 511 Yorktown Pike Mason City IA 50401	Radio Advertisement	1700.00
10/28/02	ID# CK#	Jim Ragon 206 Granite Ct. MASON CITY IA 50401	News paper Ads.	798.30
11/5/02	ID# CK#	Jim Ragon 206 Granite Ct. MASON CITY IA 50401	Newspaper Ad	37.00
11/6/02	ID# CK#	Prime F.W. Inc 3000 US HWY 52 MASON CITY IA 50401	Contribution for Cerro Gordo County Pres. election Results	246.74
SUB-TOTAL				\$ 7347.20
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 2

(for Schedule B)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/12/02	ID# CK#	Tim Ragan 20 Granite Ct MASON City IA 50401	"Thank you" Newspaper Advertisements	\$ 368.04
11/12/02	ID# CK#	Crystal Meier 380 Yorktown Pk MASON City 50401	postage	133.20
12/19/02	ID# CK#	Senate Human Resources 5661 Flors Dr Des Moines IA 50310	Contribution	500.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 995.24
TOTAL (if last page of this schedule)				\$ 8342.44

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)